

U.S. BANKRUPTCY COURT
FILED
NEWARK, NJ

2020 JUL 16 AM 7:16

JEANNE A. NAUGHTON

BY: 
DEPUTY CLERK

Fill in this information to identify the case:

Debtor 1 DORIS ANN EPPS
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey
(State)

Case number: 11-38805

SLM

Form 1340 (12/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount: \$ 79.92

Claimant's Name: UNITED CREDIT RECOVERY LLC

Claimant's Current Mailing Address, Telephone Number, and Email Address: 5224 WEST SR 46 - SUITE 319
SANFORD FL 32771

Phone number: 877-804-5389 321-499-5760

Email address: unitedcredit@ucrllc.co

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☒ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
for the District of New Jersey
970 Broad Street
#700
Newark NJ 07102

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: June 15 2020

[Signature]
Signature of Applicant

Leonard Potillo for United Credit Recovery llc

Printed Name of Applicant

Address: 5224 West SR 46 - Suite 319
Sanford FL 32771

Telephone: 877-804-5389 321-499-5760

Email: unitedcredit@ucrllc.co

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF Florida

COUNTY OF Seminole

This Application for Unclaimed Funds, dated 06/15/2020 was subscribed and sworn to before me this 15 day of June, 20 20 by

Leonard Potillo

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)



Notary Public
Natalia Kulikova

COMMISSION # 00265486 expires:

EXPIRES: Oct. 07, 2022
BONDED THRU AARON NOTARY

10/07/2022

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20 _____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public _____

My commission expires: _____

In re

DORIS ANN EPPS

Case No. 11-38805

Debtor(s)

Judge: MEISEL

Chapter: 13

NOTICE OF APPLICATION

UNITED CREDIT RECOVERY LLC has filed an Application for Payment of Unclaimed Funds with the court. **Your rights may be affected.** You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one. If you do not want the court to grant the relief sought in the application, then on or before **twenty-one (21) days from the date set forth in the certificate of service for the application**, you must file with the court a response explaining your position by mailing your response by first class mail to: *(select office where case is/was pending)*

U.S. Bankruptcy Court, 50 Walnut Street, Newark NJ 07102

OR your attorney must file a response using the court's ECF System.

The court must **receive** your response on or before the above date. You must also send a copy of your response either by 1) the court's ECF System or by 2) first class mail to:

Name: UNITED CREDIT RECOVERY LLC

Address: 5224 West SR 46 - Suite 319, Sanford FL 32771

and, *(list below the names and addresses of others to be served)*

Office of U.S. Attorney, 970 Broad Street #700, Newark NJ 07102

Doris Epps, 25 Hoffman Blvd, East Orange NJ 07017

Evelyn Akushie-Onyeani, 76 S Orange Ave #200, S Orange NJ 07079

Marie-Ann Greenberg, 30 Two Bridges Rd #330, Fairfield NJ 07004

If you or your attorney do not take these steps, the court may decide that you do not oppose the relief sought in the application and may enter an order granting that relief without further hearing or notice.

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Application for Payment of Unclaimed Funds and its supporting documentation was served on the following by first class mail on the 4TH day of JULY , 2020.

Debtor:

Doris Epps,
25 Hoffman Blvd,
East Orange NJ 07017

Debtor's Attorney:


Evelyn Akushie-Onyeani,
76 S Orange Ave #200,
S Orange NJ 07079

Case Trustee:

Marie-Ann Greenberg,
30 Two Bridges Rd #330,
Fairfield NJ 07004

United States Attorney
970 Broad Street #700
Newark NJ 07102

/s/


Applicant's signature

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

Prepared by:

L.Potillo for United Credit Recovery LLC

5224 West SR 46 - Suite 319

Sanford FL 32771

321-499-5760

unitedcredit@ureach.com

In Re:

DORIS ANN EPPS

Case No.: 11-38805
Chapter: 13
Judge: MEISEL

**ORDER GRANTING APPLICATION FOR
PAYMENT OF UNCLAIMED FUNDS**

The relief set forth on the following page is **ORDERED**.

On July 4 2020, an application was filed for the Claimant(s), UNITED CREDIT RECOVERY LLC, for payment of unclaimed funds deposited with the court pursuant to 11 U.S.C. § 347(a). The application and supporting documentation establish that the Claimant(s) is entitled to the unclaimed funds; accordingly, it is hereby

ORDERED that pursuant to 28 U.S.C. § 2042, the sum of \$ 79.92 held in unclaimed funds be made payable to UNITED CREDIT RECOVERY LLC and be disbursed to the payee at the following address:

5224 West SR 46

Suite 319

Sanford FL 32771

The Clerk will disburse these funds not earlier than 14 days after entry of this order.

CERTIFICATION OF DOCUMENTS

The following list of documents provided for inspection and review are hereby deemed true and correct as they pertain to the validity of the persons listed and the business entity, specifically UNITED CREDIT RECOVERY LLC and its Manager/Member Leonard Potillo.

Designated ownership of United Credit Recovery LLC has not changed since its inception in 2007.

The following documents were inspected and reviewed by a registered Notary Public.

APPLICATION/MOTION FOR ORDER RELEASING UNCLAIMED FUNDS
CHANGE OF MAILING ADDRESS
PROOF OF SERVICE OF DOCUMENT
STATEMENT FROM TRUSTEE WITH UNITED CREDIT RECOVERY AS PAYEE
W-9 TAXPAYER ID NUMBER AND CERTIFICATION
A0213 VENDOR INFORMATION/TIN CERTIFICATION
PROOF OF PRIOR ADDRESS – LETTER FROM STANDING CHAPTER 13 TRUSTEE
AFFIDAVIT OF PERMISSION
PERSONAL IDENTIFICATION : FLORIDA STATE DRIVE LICENSE – VALID
GENERAL RESOLUTION OF UNITED CREDIT RECOVERY LLC
DETAILS SOLE MEMBER OF LLC, LEONARD POTILLO AND TAX ID
STATE OF DELAWARE CORPORATE CERTIFICATE – VALID
STATE OF FLORIDA CORPORATE CERTIFICATE – VALID


REVIEW OF ORIGINAL CHECKS (STALE-DATED) ISSUED BY CHAPTER 13 TRUSTEE
DEEMED ORIGINAL CHECKS COMPLETE WITH STATEMENT HISTORY

 United Credit Recovery LLC
(signature of creditor) 5224 West SR 46 #319, Sanford FL 32771

These documents were provided by Leonard Potillo – Member/Manager, who personally appeared and proved to me on the basis of satisfactory evidence to be the person whose name is listed within the documentation and acknowledged to me that by his signature on the instrument, the person or entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal



Natalia Kulikova
COMMISSION # GG265466
EXPIRES: Oct. 07, 2022
BONDED THRU AARON NOTARY


Notary Public

My Commission expires on 10/07/2022

Subscribed and sworn to before me this 18 day of May 2020 by Leonard Potillo

NOTE: Any resolution approved by unanimous written consent in lieu of holding a meeting must be signed by each Member/Manager and kept with the LLC's records. Otherwise, the text of the resolution is often included in the minutes of the meeting at which the resolution was approved.

GENERAL RESOLUTION OF

UNITED CREDIT RECOVERY LLC

A meeting of the Members/Managers of this LLC was duly called and held on 5th day of April 2017. A quorum of the Members/Managers were present at said meeting, and at the meeting it was provided that:

Leonard Potillo shall continue to operate the LLC as a Managing Member. The LLC is duly authorized and active with good standing in appropriate jurisdictions, specifically the states of Delaware and Florida.

RESOLVED, that Leonard Potillo is the sole Member of this LLC having a tax identification number of 26-3608540.

The Officers are directed to perform all necessary acts to carry out this resolution.

The undersigned, Margaret Hawley, certifies that he/she was present as a witness regarding the resolution presented and that the above is a true and correct copy of the resolution that was duly adopted at a meeting of the Members/Managers that was held in accordance with State law and the Operating Agreement of the LLC.

Dated: 4/5/2017

Margaret Hawley
Witness

[Signature], Member/Manager

N/A, Member/Manager

N/A, Member/Manager

N/A, Member/Manager

Marie-Ann Greenberg MAG-1284
Marie-Ann Greenberg, Standing Trustee
30 TWO BRIDGES ROAD
SUITE 330
FAIRFIELD, NJ 07004-1550
973-227-2840
Chapter 13 Standing Trustee

IN RE:

DORIS ANN EPPS,

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

Case No.: 11-38805 SLM

Debtor

NOTICE OF RESERVE ON CLAIM

Creditor: UNITED CREDIT RECOVERY
Trustee Claim #: 16
Claimed Amount: \$285.27
Date Claim Filed: 10/20/2011

Please be advised that a reserve has been placed on the above named claim for the following reason:

- Disbursement checks have been returned as undeliverable. A change of address must be filed with the Court.

Unless we receive the information needed or the necessary documents are filed with the Court, we will continue to reserve the funds and the funds will be sent to the United States Bankruptcy Court upon the closing of the case.

Dated: April 01, 2016

By: /S/ Marie-Ann Greenberg
Chapter 13 Standing Trustee

DORIS ANN EPPS
25 HOFFMAN BLVD
EAST ORANGE, NJ 07017

EVELYN AKUSHIE-ONYEANI, ESQ
ONYEANI LAW FIRM, LLC
76 SOUTH ORANGE AVE
SUITE 200
SOUTH ORANGE, NJ 07079

UNITED CREDIT RECOVERY
PO BOX 953245
LAKE MARY, FL 32794

AO 213 (Rev. 9/19)

REQUEST FOR VENDOR INFORMATION AND TIN CERTIFICATION

Refer to the instructions page for further information on completing this form.

Part 1 Payee Information

Line 1. Payee Name: UNITED CREDIT RECOVERY LLC

Line 2. Additional payee information: (if applicable)

Part 2 Business Name (if different from above)

Enter your TIN in the appropriate box.

Part 3 The TIN provided must match the name given in Part 1, Line 1.

EIN: 2 6 - 3 6 0 8 5 4 0

Enter only an EIN or SSN - NOT BOTH.

SSN: - -

Part 4 DUNS # (if applicable)

Part 5 Select the appropriate box below for U.S. tax classification for person or entity listed in Part 1, Line 1.

☒ Individual or single member LLC

☐ Corporation (Payments related to medical or healthcare service providers)

☐ LLC (Except single member)

☐ Corporation (All other payments not met by corporation category above)

(Select one) ☐ C Corp ☐ S Corp ☐ Partnership

☐ Partnership ☐ Trust/Estate ☐ Other:

Part 6 Mailing Address (where payments, orders, and IRS 1099 forms will be sent)

Street address: 5224 WEST STATE ROAD 46 - SUITE 319

City: SANFORD

State: FL Zip code: 32771

Point of Contact (if different from Part 1, Line 1 above)

Name:

Phone #: 877-804-5389 321-499-5760

Email Address: unitedcredit@ureach.com

Part 7 Additional Address Information (if different from above)

Street address:

City:

State: Zip code:

Part 8 Electronic Funds Transfer (EFT) Information (OPTIONAL)

Owner(s) name as it appears on bank account:

Bank Name:

Routing #: (Must contain 9 digits)

Payee must select an account type: (Select one)

☐ Checking ☐ Savings

Account Number: (do not include check number)

Part 9 Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined in the instructions).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature:

for United Credit Recovery LLC

Date: MAY 26, 2020

For Judiciary Use Only

Select those boxes that apply:

☐ Addition

☐ Change

Vendor Code:

☐ Active

☐ Inactive

Vendor Type:

(Trustee or Vendor)

Vendor Administrators: Attach this form to the JIFMS MANL document. This form can also be submitted, subject to separation of duties requirements, via HEAT at: <https://nsms.ao.dcn>. The service request can be found under Financial Management Services> JIFMS Vendor Additions or Updates. For FAS4T users (CCAM only), send this form to the local court vendor administrator. For questions regarding JIFMS and court FAS4T, please contact the National Support Desk at (210) 536-5000. This form should be completed including the vendor's signature and submitted by Judiciary staff only.

Sensitive information must be securely maintained and only visible to designated staff.

Print

Save As...

Reset

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above
UNITED CREDIT RECOVERY LLC

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ **S** ☐ Exempt payee
☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
5224 West State Road 46 - Suite 319
City, state, and ZIP code
Sanford FL 32771

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

Employer identification number


26	-	36	0	8	5	4	0
----	---	----	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶  For United Credit Recovery LLC Date ▶ **1-20-2020**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Proof of prior Address

ADAM M GOODMAN
 STANDING CHAPTER 13 TRUSTEE
 NORTHERN DISTRICT OF GEORGIA
 260 PEACHTREE STREET N.W., SUITE 200
 ATLANTA, GA 30303

NOTICE OF UNCLAIMED FUNDS

UNITED CREDIT RECOVERY LLC
 P.O. BOX 953245
 LAKE MARY, FL 32795

8/10/2015

Please provide information on check number 10807320, dated 05/15/2015, previously sent to you that remains outstanding:

<u>CASE #</u>	<u>CLAIM #</u>	<u>ACCOUNT NO.</u>	<u>AMOUNT</u>
1180608	42	6060	\$14.71

Check Total: \$14.71

Please check the applicable item:

- () Never received check, please reissue
 () Account satisfied (attach check and a brief letter if no additional funds are due)
 () New address

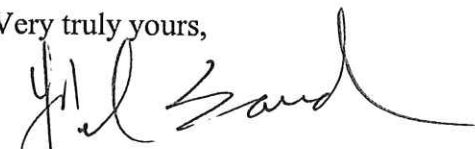
*****IMPORTANT: checks will only be disbursed to the party's address on record with the Bankruptcy Court. If your address has changed, you must file a change of address with the Bankruptcy Court.*****

If you are in possession of the above check please return it with this letter in order to expedite your replacement check.

If we do not receive a response from you within 20 days from the date of this letter, these funds will be paid into the Registry for Unclaimed Funds.

New Address Information

Very truly yours,


 Yael Sand
 Comptroller

Please sign or your check cannot be reissued.

UNITED CREDIT RECOVERY

5224 West SR 46 -- Suite 319
Sanford, Florida 32771
Phone: 877-804-5389 Fax: 877-804-5389
E-Mail: unitedcredit@ureach.com

May 18, 2020

AFFIDAVIT OF PERMISSION

I, Leonard Potillo, hereby attest that I have complete authority and permission to claim any and all funds owed to UNITED CREDIT RECOVERY LLC. All funds owed to the company that are being claimed on behalf of the company should be made due and payable to UNITED CREDIT RECOVERY LLC.

Leonard Potillo, as Manager/Sole Member of UNITED CREDIT RECOVERY LLC has full authority to execute filings and claims on behalf of the company.

Please refer to attached corporate documents with regard to UNITED CREDIT RECOVERY LLC.

Personal Identification: Florida State Driver License-Valid, State of Delaware Corporate Certificate: Valid
State of Florida Corporate Certificate: Valid, W-9 Taxpayer ID Certification, A0213 Vendor Certification.



Leonard Potillo for United Credit Recovery LLC

State of: FLORIDA COUNTY OF: SEMINOLE

These documents were provided by Leonard Potillo – Member/Manager, who personally appeared and proved to me on the basis of satisfactory evidence to be the person whose name is listed within the documentation and acknowledged to me that by his signature on the instrument, the person or entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal



Natalia Kulikova
COMMISSION # GG265466
EXPIRES: Oct. 07, 2022
BONDED THRU AARON NOTARY


Notary Public

My Commission expires on 10/07/2022

Subscribed and sworn to before me this 18 day of May 2020 by Leonard Potillo

2017 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M09000000923

Entity Name: UNITED CREDIT RECOVERY LLC

Current Principal Place of Business:

5224 W. STATE ROAD 46 #319
SANFORD, FL 32771

Current Mailing Address:

5224 W. STATE ROAD 46 #319
SANFORD, FL 32771

FEI Number: 26-3608540

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DORMAN, PAMELA
5224 W. STATE ROAD 46 #319
SANFORD, FL 32771 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAMELA DORMAN

03/17/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name POTILLO, LEONARD
Address 5224 W. STATE ROAD 46 #319
City-State-Zip: SANFORD FL 32771

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEONARD POTILLO

MANAGER

03/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

**STATE OF DELAWARE
CERTIFICATE OF REVIVAL OF
A DELAWARE LIMITED LIABILITY COMPANY
PURSUANT TO TITLE 6, SEC.18-1109**

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:24 PM 03/22/2017
FILED 04:24 PM 03/22/2017
SR 20171935080 - File Number 4456373

1. The name of this limited liability company is: United Credit Recovery LLC
2. Date of original filing Delaware Secretary of State: 11/13/2007
3. The address of the registered office in the State of Delaware is located at: 108 West 13th Street, Wilmington, Delaware 19801. Located in the County of New Castle. The name of its registered agent is: Business Filings Incorporated.
4. The certificate of revival is filed by one or more persons authorized to execute and file the certificate of revival.

I, Len Potillo, Authorized Person of the above named limited liability company do hereby certify that this limited liability company is paying all annual taxes, penalties and interest due to the State of Delaware.

BY: 
Len Potillo, Manager